

Minutes
Traumatic Brain Injury Advisory Council
State Personnel Office, Peace Street
Raleigh, North Carolina
November 16, 2004

Members Present

Sandra Farmer	Stephen Hooper	Carol Robertson
Lynn Freeman	Charles Monnett III	Jamesa Selleck
Robert Gauldin	Brenda Motsinger	Elsie Siebelink
Tonia Harrison	Ila Nofzinger	Jack St. Clair
Al Hart	Patrick O'Brien	
Diane Holder	Sharon Rhyne	

Members Absent

David Atkinson	David Good	Robert Seligson
Spencer Clark	Debbie Leonhardt	Steven Strobel
Martin Foil	Layla Mabe	Dennis Turner
David Forsyth	David Mills/sent rep	
Betty Gardner	Jo Perkins/sent rep	

Others Present

Beth Callahan	Bud Nofzinger	Ben Staples
Tom Harrison	Grey Powell	Jim Swain/VR rep
Diane Harrison	Rachael Ragin/DPI rep	Jessica Trembly

The meeting was called to order by Chairperson Sharon Rhyne at 10:10 a.m.

Review and Approval of Minutes:

Motion: A motion was made by Mr. St. Clair and seconded by Ms. Farmer, that the minutes from the council meeting of September 28, 2004 be approved as written.

The motion passed unanimously.

Introduction and Review of Council Bylaws:

A draft of the council's bylaws was passed out the members. Ms. Rhyne asked council members to review the draft section by section.

Ms. Selleck requested that the word "traumatic" be taken out of the bylaws completely; however, Ms. Rhyne and Ms. Callahan pointed out that the legislation for the council reads "Traumatic Brain Injury Advisory Council". In order to remove the word "traumatic", the council would have to make a recommendation to the legislature to

eliminate “traumatic” from the council. The best way to make this change is to review the definition of “brain injury”. The council is not limited to traumatic brain injury, but it must at least address that component of brain injury. Mr. St. Clair asked if the recommendation is made to the legislature, will it be made during the upcoming long session. Ms. Rhyne stated that due to time constraints, the council would probably not be ready to make the recommendation soon enough to include it in the next legislative session.

Ms. Callahan noted that the information in Section One: Membership, item seven of the drafted bylaws is incorrect. The item states that there must be a member appointed by the Secretary of Administration who represents veterans affairs on the council.

Mr. Staples added that Section Three: Terms of Membership, item c may need to be changed to reflect the standard operating procedures from the Governor’s Office of Boards and Commissions.

Mr. Monnett also suggested that in Section Three, item b, the word “members” be changed to “officers”. Also, under Article IV, Section One: General Meetings and Notice Thereof, item a, Mr. Monnett suggested that a waiver be included. Ms. Callahan noted that the public meeting law needs to be checked concerning notification of emergency meetings.

Ms. Rhyne asked the group to look over the proposed committees for the council. She stated that she wanted the council to identify four definite committees by the end of the meeting. The final committees that were agreed upon are: Legislative Policy, Prevention, Health Services, and Public Awareness. Ms. Selleck suggested that a fifth committee be Needs Assessment & Service Delivery.

Ms. Motsinger asked if the council should use a proxy. Mr. St. Clair said that having a quorum may be an issue. Ms. Rhyne stated that she liked the suggestion of having proxy given to current members of the council instead of persons outside of the council because if a member is not in a meeting, he/she may vote within 10 days of the motion. Ms. Rhyne added that this section of the bylaws will be rewritten to include the proxy and to add that electronic email votes will be accepted.

Mr. Staples added that one of the updates to the draft will be to have a space for the Vice Chair to sign the bylaws along with the council’s Chair.

Definitions Task Force Report:

The Definitions Committee comprised of Beth Callahan, Steve Hooper, Ila Nofzinger, David Forsyth, and Jeanne Givens presented their suggestion for the definition of Traumatic Brain Injury. Ms. Callahan reported that the main issue with trying to develop the definition was attempting to ensure that persons with these brain injuries will be eligible to receive services. The committee recommended that the definition be altered to include all brain injuries. The committee agreed that the best definition they could find was that of the state of Montana. -Mr. St. Clair asked if the current Montana definition

includes brain injuries due to disease, and Ms. Callahan said that the definition most likely does not. Ms. Callahan also noted that the Montana definition needs to be broadened and should focus on services.

Ms. Motsinger suggested that the council develop a broad definition of brain injury and then list and define the various types of brain injuries. This way, the definition will allow for more inclusive funding. She also proposed doing away with the word “injury”.

Dr. O’Brien commented that the committee must be cautious when including or excluding anoxia, kidney, heart failure or chemical exposure because drowning and electric shock are injuries. He noted that there are a number of patients with brain injuries due to kidney and heart failure; therefore, including these in the definitions may be broadening it too much.

After further discussion, a draft definition was circulated based on the Montana definition and the definitions of acquired and traumatic brain injuries adopted by the Brain Injury Association Board of Directors (March 1997). The drafted NC definition read as follows:

Acquired Brain Injury is an Injury to the brain at any point across the life span that is caused by (1) an external physical force (e.g., motor vehicle crashes, a fall, an assault, a sports injury, or recreational or work related incident), or (2) an internal event secondary to disease (e.g., benign or malignant tumor, meningitis, encephalitis), cerebral vascular incident (e.g., stroke, aneurysm, or arteriovenous malformations), or anoxia/hypoxia/ischemia events (e.g., anoxic brain injury caused by near drowning, kidney or heart failure, chemical exposure, or electric shock). Acquired Brain Injury as defined will produce diminished or altered state of consciousness that results in a temporary or permanent impairment of cognitive abilities, physical functions, behavioral and emotional functioning, or vocational functioning.

Ms. Robertson commented that the council might ask Anne King, currently with the National Association of State Head Injury Administrators, for help with the definition.

Topics Update:

Brenda Motsinger discussed the CDC surveillance grant(s) and there was discussion on how this would positively affect our need to present data to the legislature, DHHS and the Division.

The meeting was adjourned at 2:05 p.m.